

09/1890353

MULTIPLE DEPENDENT  
FEE CALCULATION CLAIM  
SHEET  
(FOR USE WITH FORM 1-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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TOTAL IND.	2	↓	↓	↓
TOTAL DEP.	8	↔	↔	↔
TOTAL CLAIMS	10	██████████	██████████	██████████

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL IND.		↓	↓	↓				
TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS		██████████	██████████	██████████				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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